

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **10-799-406**  
APPLICANT(S)

FILING DATE **03-12-04**

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		3				
5		3				
6		3				
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TOTAL IND.	1					
TOTAL DEP.		38				
TOTAL CLAIMS		39				

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